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UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))</small>		Attorney Docket No. PD-02W116
		First Inventor or Application Identifier Kenneth D. Price et al.
		Title STIRLING/PULSE TUBE HYBRID CRYOCOOLER...
		Express Mail Label No. EU430994519US

APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small>		ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231
<p>1. <input checked="" type="checkbox"/> * Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)</p> <p>2. <input checked="" type="checkbox"/> Specification [Total Pages 13] (preferred arrangement set forth below)</p> <ul style="list-style-type: none"> - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to Microfiche Appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure <p>3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 02]</p> <p>4. Oath or Declaration [Total Pages 15]</p> <p>a. <input checked="" type="checkbox"/> Newly Executed Combined Declaration and Power of Attorney</p> <p>b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 16 completed)</p> <p>i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).</p>		<p>5. <input type="checkbox"/> Microfiche Computer Program (Appendix)</p> <p>6. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)</p> <ol style="list-style-type: none"> <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Paper Copy (identical to computer copy) <input type="checkbox"/> Statement verifying identity of above copies
ACCOMPANYING APPLICATION PARTS <p>7. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of (when there is an assignee) <input type="checkbox"/> Attorney</p> <p>8. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>9. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations</p> <p>10. <input checked="" type="checkbox"/> Preliminary Amendment</p> <p>11. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</p> <p>12. <input type="checkbox"/> * Small Entity Statement(s) <input type="checkbox"/> Statement filed in prior application, (PTO/SB/09-12) Status still proper and desired</p> <p>13. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)</p> <p>14. <input type="checkbox"/> Other:</p> <p>15. <input type="checkbox"/> Other:</p>		

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Prior application information: Examiner _____ Group / Art Unit: _____

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	P.O. Box 902			
City	El Segundo	State	California	Zip Code
Country	United States of America	Telephone	(310) 647-3214	Fax (310) 647-2616

Name (Print/Type)	Colin M. Raufer	Registration No. (Attorney/Agent)	40,781
Signature	<i>Colin M. Raufer</i>	Date	July 28, 2003

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07/28/03

14230 U.S. PTO

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FEE TRANSMITTAL		Complete if Known	
for FY 2003		Application Number	
Effective 01/01/2003. Patent fees are subject to annual revision.		Filing Date	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		First Named Inventor	
TOTAL AMOUNT OF PAYMENT (\$ 790.00)		Examiner Name	Kenneth D. Price et al.
		Art Unit	
		Attorney Docket No.	PD-02W116

METHOD OF PAYMENT (check all that apply)					FEE CALCULATION (continued)																																																																					
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 50-0616 Deposit Account Name: RAYTHEON COMPANY					3. ADDITIONAL FEES <table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> </tr> </thead> <tbody> <tr><td>Fee Code (\$)</td><td>Fee Code (\$)</td></tr> <tr><td>1051 130</td><td>2051 65</td></tr> <tr><td>1052 50</td><td>2052 25</td></tr> <tr><td>1053 130</td><td>1053 130</td></tr> <tr><td>1812 2,520</td><td>1812 2,520</td></tr> <tr><td>1804 920*</td><td>1804 920*</td></tr> <tr><td>1805 1,840*</td><td>1805 1,840*</td></tr> <tr><td>1251 110</td><td>2251 55</td></tr> <tr><td>1252 410</td><td>2252 205</td></tr> <tr><td>1253 930</td><td>2253 465</td></tr> <tr><td>1254 1,450</td><td>2254 725</td></tr> <tr><td>1255 1,970</td><td>2255 985</td></tr> <tr><td>1401 320</td><td>2401 160</td></tr> <tr><td>1402 320</td><td>2402 160</td></tr> <tr><td>1403 280</td><td>2403 140</td></tr> <tr><td>1451 1,510</td><td>1451 1,510</td></tr> <tr><td>1452 110</td><td>2452 55</td></tr> <tr><td>1453 1,300</td><td>2453 650</td></tr> <tr><td>1501 1,300</td><td>2501 650</td></tr> <tr><td>1502 470</td><td>2502 235</td></tr> <tr><td>1503 630</td><td>2503 315</td></tr> <tr><td>1460 130</td><td>1460 130</td></tr> <tr><td>1807 50</td><td>1807 50</td></tr> <tr><td>1806 180</td><td>1806 180</td></tr> <tr><td>8021 40</td><td>8021 40</td></tr> <tr><td>1809 750</td><td>2809 375</td></tr> <tr><td>1810 750</td><td>2810 375</td></tr> <tr><td>1801 750</td><td>2801 375</td></tr> <tr><td>1802 900</td><td>1802 900</td></tr> <tr><td colspan="5">Fee Paid</td></tr> </tbody> </table>					Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	1051 130	2051 65	1052 50	2052 25	1053 130	1053 130	1812 2,520	1812 2,520	1804 920*	1804 920*	1805 1,840*	1805 1,840*	1251 110	2251 55	1252 410	2252 205	1253 930	2253 465	1254 1,450	2254 725	1255 1,970	2255 985	1401 320	2401 160	1402 320	2402 160	1403 280	2403 140	1451 1,510	1451 1,510	1452 110	2452 55	1453 1,300	2453 650	1501 1,300	2501 650	1502 470	2502 235	1503 630	2503 315	1460 130	1460 130	1807 50	1807 50	1806 180	1806 180	8021 40	8021 40	1809 750	2809 375	1810 750	2810 375	1801 750	2801 375	1802 900	1802 900	Fee Paid				
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SUBMITTED BY		(Complete if applicable)		
Name (Print/Type)	Colin M. Raufer	Registration No. (Attorney/Agent)	40,781	Telephone 310-647-3214
Signature	Colin M. Raufer	Date	07-28-2003	

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